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## TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	10/510,368, now US 7,684,852 B2
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First Named Inventor	Philippe Lefere
Art Unit	3768
Examiner Name	Katherine L. FERNANDEZ
Total Number of Pages in This Submission	8
Attorney Docket Number	E00016 US00

### ENCLOSURES *(Check all that apply)*

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Forms PTO/SB/81A; PTO/SB/96; and PTO/SB/123
<b>Remarks</b> No fee is believed to be due with the filing of this Revocation of Power of Attorney with New Power of Attorney. However, if any fees are deemed necessary, the Director is hereby authorized to charge any required fees and credit any overpayments to Deposit Account No. 50-2168.		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature	/M. Caragh Noone/		
Printed name	M. Caragh Noone		
Date	May 11, 2010	Reg. No.	37,197

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Signature	Electronically Filed Using the EFS-WEB Electronic Filing System of the United States		
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